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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of OregonPortland Division

Case No.

3:24-cv-01727-MC

(to be filled in by the Clerk's Office)

Michael A. Gray

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Wb Jarmer #17892LT. Vera Pool CommanderCapt. Parks Lt Russell

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Wb GarrickWb MasonSgt Seals #37269Wb Ruiz #53414Wb Croteau #57679Wb BloomsterBlanchard #47616

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name attorney Joseph Muldavin P.D. OSB #185474
 All other names by which
 you have been known: 101 S.W. Main St Suite 1100 Portland OR 97204
Cameron Stiles
 ID Number 21834 S.E. Oak St
 Current Institution Portland, OR. 97216
 Address
Gresham OR 97030
 City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Capt Port Lt Russell #030623
 Job or Title (*if known*) Multnomah County Sheriff's
 Shield Number Portland OR MCDC 1120
 Employer S.W. Third Ave
 Address Portland OR
97216
 City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 2

Name Det Reid / Sgt Seals #37269
 Job or Title (*if known*) Lieutenant Russell # Devaney
 Shield Number #53568
 Employer Multnomah County Sheriff's
 Address Office Portland OR
97216
 City State Zip Code
☒ Individual capacity ☒ Official capacity

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Defendant No. 3

Name
Job or Title (if known)
Shield Number
Employer
Address

Multnomah County Sheriff Office
Dep D. Ruiz #53414 Sheriff's
Multnomah County
1120 S.W. Third Ave
Portland OR 97204
City State Zip Code

☒ Individual capacity ☒ Official capacity

Defendant No. 4

Name
Job or Title (if known)
Shield Number
Employer
Address

M.C. D.C. County Jail
Dep Garrick
Multnomah County
1120 S.W. Third Ave
Portland OR 97204
City State Zip Code

☒ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

"beat me"
Claims tortious action, denied medical treatment/disability accommodation
8th and 14th amendment violations

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

each defendant was individually and officially acting under color of state or local law because they were employees of Multnomah County Sheriff's Office.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

On Feb 19th 2023 I was brutally attacked by Multnomah County Sheriff's Deputies while incarcerated at the Jail. I was having withdrawal symptoms when first entering the Jail and was hearing voices and covered my cell window and Deputy Ruiz called in Serg Seals #37269 order me to take uncore my cell window which I didn't hear the orders by either officer. Serg Seals other a cert team to come in to my cell and remove me (McGray) and transport me to M.C.D.C. which at this time a Deputy with Shield and stung gun came in to my cell and I was on the top bunk as they entered my cell and reached up and grab me by my right hand pulling me down to the ground with me laddering on my right knees. I felt pain in my arm and was injured by this that I couldn't stand

C. What date and approximate time did the events giving rise to your claim(s) occur?

The first incident happened on 2/19/2023 1600 hrs

The second incident Feb 23rd/23 was forced to crawl 20 feet on the floor in order

The Third incident March 23rd/23 to have attorney call

1956 hrs see ~~later~~ see write up & Tapes

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

2/19 was pulled off of top bunk by cent team injuring my knee Back/right arm

2/23 was forced by Dep. Garrick's to crawl 20 feet back to my cell with out a wheel chair that was approved by Dr. Platas to have, also have a affidavit by inmate Cameron Stiles on what happened, also have P.D. my attorney that can confirm

the phone call to me. deputies opened my cell for recreation time when asked for a wheelchair I was 3/23rd delayed me one and that's when Sgt Blanchard, C/O Reid and 2 other Depts came into my cell and beat me with Sgt Blanchard #47616 MR Grays cell door was open to have recreation which time I was

Dep Reid (delayed a wheelchair and told Deputies I needed a wheelchair to come out

Dept Croteau #57679 Croteau for day room I didn't fight back as I was in a wheelchair

already. I was only asking for a chair that the Doc order me if to get around in. The chair was right out the door for officers to get for me. To this day 9/19/2024 I am waiting surgery

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

First incident 2/19 I received injuries to my knee/Back, Dis that will need surgery, right roller cuff is torn, see MRI medical records, I am schedule to see ortho for surgery for that, see records for that, I am still in a wheelchair here at the prison now with physical therapy once a week. Multnomah County Health Dept corrections has all my medical records as I myself have a copy. Chronic Back pain, degenerative disk, shackles tight enough for scarring on legs. deputy placed me in seg possible broken/fractured collarbone and ribs, laughed up blood for two weeks, had (2) black eyes, inability to move with out assistance and was housed in seg with no mattress or any amenities with disabled individuals like myself that was beat up

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes.

If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Multnomah County Despite not being housed with no mattress, No amenitie despite his inability to move without assistance and getting a wheelchair 6000, not limited to negligence, assault, battery 30,000 in punitive damages for the course of the beating by ODOC officers or state actors who performed these tortious acts agest me 65,000 for physical injury and 6000 for putting in restraint chair for hours and leaving shackles on so tight it cause scarring. 62500 for the loss of my leg that will need surgery to fix. Pain and compensatory every day I have to wait to have surgery of my right roller cuff shoulder and Dis 415 to have surgery due to the beating

I feel that I've been assault with emotional distress violate the American with Disabilities so that my civil right have been violated. Was denied medical treatment and my disability accommodations hasint been meat by the ODOC. I feel this punishment by Multnomah County detention at mcdc these officers and state actor unnecessary beat me and result in medical malpractice and causeing me serious injury and pain.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Multnomah County Detention Center M.C.D.C. O.S.C.I. O.D.C.L.

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

All claims

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Multnomah County Sheriff's office

2. What did you claim in your grievance?

refuse wheelchair, assaulted by M.C.D.C.

3. What was the result, if any?

forwarded to Lt Russell Matter is under review

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

This is the next step after I filed the grievances and then tort claims. Their response to the grievance was:
 "This grievance is closed and no appeals are allowed
 DPSst Capt Parks"

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

filed Grievance on 7-4-23

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

referral to ortho on 10/12/23 for shoulder and Back Surgery
Appeal DB# 33876 Seen by provider 10/12/23

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

It is important to note that the Sheriff's office closed the grievance process on me, not
(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
allowing me through the grievance process.
(see attached exhibits)**VIII. Previous Lawsuits**

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment? *Note*

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

~~10/10/24~~ 10-7-24

Signature of Plaintiff

Michael A. Gray

Printed Name of Plaintiff

Michael A. Gray

Prison Identification #

#6320545 O.S.C.I.

Prison Address

3405 Deer Park Dr S.E.

Salem

City

ORE

State

97310

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

Institution D.S.C.
Name Michael Gray SID 6320545
Address 3405 Deer Park Dr S.E.
City Salem Oregon ZIP 97310

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